

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics



## FORM-GBG

Gift, Request, or Grant information received by a department or accepted by the Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

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Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

## State Training School

Name of Department or Office  
3211 Edgington Ave.

Elkhart, IA, 50627

Mailing Address  
641-858-5402

City, State, Zip Code

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name  
3211 Edgington Ave.

Elkhart, IA, 50627

Mailing Address (if different from above)  
khagedo@dhs.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Paul - Ward 149 American Legion Auxiliary

Name

c/o M. Bennett, 105 S. Main

Gilman, IA 50106

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

5/18/11

\$ 25.00

Date of Gift, Request, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

cash donation to Christmas fund for students

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn  
Signature

5/19/11  
Date